

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

FELIPE VIVAR

Write the full name of each plaintiff.

18 CV 5987

CV

(Include case number if one has been assigned)

-against-

NEW YORK CITY POLICE DEPARTMENT

NEW YORK PRESBYTERIAN HOSPITAL

HUMAN RESOURCES HRA

SELF HELP COMMUNITY SERVICES

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

FILED
CLERK OF COURT
2018 JUL -2 PM 1:59
S.D.N.Y.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, FELIPE VIVAR, is a citizen of the State of
(Plaintiff's name)

NEW YORK
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

<u>Felipe</u>	<u>E.</u>	<u>VIVAR</u>
First Name	Middle Initial	Last Name
<u>804 W. 180TH ST. #31</u>		
Street Address		
<u>NEW YORK</u>	<u>NY</u>	<u>10033</u>
County, City	State	Zip Code
<u>None</u>	<u>None</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

Date(s) of occurrence:

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

See ATTACHED

I AM A GAY AND DISABLED MALE
 I HAVE BEEN ABUSED BY THE CITY
 AGENCIES SELF HELP AND HRA
 THE POLICE DEPARTMENT AND NEW
 YORK PRESBYTERIAN HOSPITAL
 I HAVE BEEN WITH SELF HELP FOR YEARS
 I HAVE WITNESSED MR. PEREZ ASSAULTED BY
 SAM LEE A CASEWORKER MONEY STOLEN FROM MR.
 GREEN MONEY STOLEN FROM MYSELF ALSO FROM
 RENDALL BLACKMAN ~~I HAVE WITNESSED OLDER FRAIL~~
~~CLIENTS DRAGGED ON THE FLOOR AND TAKEN TO~~
~~RELEASING~~ I TRIED TO TALK TO A CLIENT TO GET
 THEIR INFORMATION AND WAS PUNISHED FOR IT NOW I
 HAVE TO WAIT DOWNSTAIRS I CANT USE THE BATHROOM I HAVE
 OVERACTIVE BLADDER KIDNEY DISEASE AND JOINT PAIN I HAVE
 TO STAND THEY MAKE ME WAIT ON PURPOSE MRS. VALARIE SOTO
 NOT MY CASEWORKER CALLED ME A FAT FAGGOT WHY YOU
 DONT LOOK LIKE EVERYBODY ELSE I REPORTED IT TO THE
 OVERT ~~THAT WOULDNT~~ DO ANYTHING I REPORTED THESE THINGS
 TO ~~AND~~ HRA VICE PRESIDENT KEVIN T. BYRNE HUNG UP
 IN ME I REPORTED THESE THINGS TO 311 AND WAS
 RETALIATED AGAINST 311 SENT AN EMAIL HRA
 SENT EMAIL TO SELF HELP THEY CALLED POLICE
 ON ME ON JUNE 21ST THEY DID NOT NOTIFY
 ME OF VISIT NO ONE RANG THE BELL
 DOWNSTAIRS THEY WERE GOING TO BREAK THE DOOR
 DOWN I WAS SCARED FOR MY LIFE

I see Police Hurt people ON THE NEWS
ALL THE TIME ERIC GARDNER AND OTHERS
I WAS HAVING CHEST PAINS I COULDN'T BREATHE
I ANSWERED THE DOOR NAKED I CAN'T BELIEVE
WHAT HAPPENED I WAS SCARED THEY WERE GOING
TO KILL ME OR SHOOT ME I WAS TAKEN TO
HOSPITAL AGAINST MY WILL THE HOSPITAL DID
NOT GIVE ME AXELEN OR EKG OR ~~PI~~ MEDICATION
FOR MY BLOOD PRESSURE AND HEART I COULD HAVE
DIED I AM SEEKING \$250 MILLION FOR
MY PAIN AND SUFFERING

I WAS TOLD BY SUPERVISOR RIVAS SEARS
YOU REPORT PEOPLE THATS WHAT YOU GET
I TOLD HER WHERE IS THE EMAIL AND SHE
DELETED IT SA SHE SAID IT WAS NOT IMPORTANT
I WAS TOLD ANGEL BORSO YOU REPORT
311 AND THIS WILL HAPPEN AGAIN

I CAN'T SLEEP I HAVE NIGHTMARES
MY PRIVACY INVADED POLICE CAME ~~TO~~ INTO
MY HOME WITH NO SEARCH WARRANT I WAS
LAUGHED AT THE NEIGHBORS HAVE FOOTAGE OF
THE INCIDENT I DON'T WANT TO LIVE
HERE IN MY APARTMENT ANYMORE

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I'm Seeking COMPENSATION
\$ 250 MILLION DOLLARS
FOR my PAIN AND SUFFERING

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>7/2/18</u>		<u>Felipe Vivar</u>
Dated		Plaintiff's Signature
<u>Felipe</u>	<u>F.</u>	<u>VIVAR</u>
First Name	Middle Initial	Last Name
<u>804 W. 180TH ST. #31</u>		
Street Address		
<u>New York, NY</u>		<u>10033</u>
County, City	State	Zip Code
<u>NONE</u>		<u>NONE</u>
Telephone Number	Email Address (if available)	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.